

OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES

COPY

TO BE COMPLETED BY OFFENDER

Facility: JHCCDate: 3/23/17Offender Name ROBERT COTNER DOC # 93280 Unit A-2-120

I request the following service(s): (Check appropriate box(s))

☐ Medical ☒ Mental Health ☐ Dental ☐ Optometry (eye) ☐ Medication Renewal (expired medications only)

Reason for service: my illness is a violent mental (expired medications only)
patient who hears voices, kills his father. He keeps
triggering my post-traumatic stress disorder, causing my chest to hurt
then I must take nitro tabs to stop the pain. In 5 years he's not
had a calm day he has gotten along with. For attempting to notify law
enforcement of terrible criminal acts about to take place, I was
retaliated against and put in this cell.

I probably need to talk to someone about my PTSD, (I don't
want medication).

I understand that in accordance with operations memorandum OP-140117 entitled "Access to Health Care", I will be charged \$4 for each medical service I request and a charge of \$4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the offender for mental health services and/or mental health medications.

Offender Signature RCDate: 3/23/17

TO BE COMPLETED BY HEALTH SERVICES

Date Received

Initials

Comment: _____

Qualified Health Care Professional

Date

SCANNED

MAR 31 2017

U.S. DISTRICT COURT ST. PAUL

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expires or runs out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.

Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process
REQUEST TO STAFF

MAR 09 2017

Received

TO: MEDICAL SUPERVISOR M1000642 FACILITY/DIST/UNIT: J.H.C.C. DATE: 3/9/17
 (NAME AND TITLE OF STAFF MEMBER) JHCC 6702 Mr. Dougal

I have have not already submitted a "Request to Staff" or grievance on this same issue.
 If yes, what date: facility: grievance #:
 I affirm that I do do not have a grievance pending on this issue.
 I affirm that I do do not have a lawsuit of any type pending that relates in any way to this issue.
 If a lawsuit is pending, indicate case number and court:
 This request does does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered. MEDICAL- ON- REQUEST FOR SERVICES, SAID SAID TO YOU, SINCE 2011, I'VE HAD MEDICAL RESTRICTION IN MY RECORDS, JUST REMOVED EACH YEAR
(A)- NO WALKING ON WET OR UNEVEN SURFACES, (B)- AIR- CONDITIONING, (C)- NO FREQUENT BENDING, OR STOOD PINK, (D)- NO EXCESSIVE HEAT, COLD OR HUMIDITY, (E)- NO CLIMING LADDERS (F)- NO OPERATING MACHINERY, (G)- LOWER- BACK (H)- FIBER-CRATS MATTRESS, (I)- NO LIFTING 20 POUNDS, (J)- NO SHOULDER, MOVING, RAKING- OR CLIMBING. SINCE 2011, CURRENT TO 570.5 & 509.7, HAD ON 4- UNIT UNTIL I'M HOLD IN MY SPILL CLOSET UP, I FULLY RECOVER FROM MAJOR BRAIN SURGERY, AND 3- HEART- ATTACKS.

(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

MS. SHAW AND MS. WAB, INFORMED ME 3/2/17, SOMEONE HAD REMOVED ALL MY MEDICAL HOUSING RESTRICTIONS, AND MY POST-TRAUMATIC-STRESS-DISORDER RESTRICTIONS FROM MY MEDICAL FILES.

PLEASE SEE THAT ARE ALL PLACED BACK INTO MY MEDICAL RECORDS. THANK YOU.

NAME: ROBERT COTNER (PRINT) DOC NUMBER: 93780 UNIT & CELL NUMBER: A-2-120

SIGNATURE: [Signature] WORK ASSIGNMENT: MEDICALLY UNASSIGNED FOR RECOVERY FROM MAJOR BRAIN-SURGERY- AND 3-HEART-ATTACKS- SINCE 570.5 & 509.6

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

Mr. Cotner, Even if staff do not have access to your medical file and nothing is removed from it, your THAP is provided to staff for housing purposes. In reviewing your last THAP, your restrictions have not changed much.

STAFF MEMBER

DATE

Date response sent to inmate: 3-20-17

1. Original to file
2. Copy to inmate/offender

JHCC Law Library

MAR 20 2017

Received

DOC 090124D (R 9/16)